



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

April 22, 2010

To: All Department Heads

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

DEPARTMENT SELF-ASSESSMENT TOOL FOR LOSS CONTROL AND PREVENTION

The Board of Supervisors (Board) is committed to reducing risk management costs in County departments. In part, this requires departments to have programs in place to identify, mitigate, or eliminate risk exposures that can lead to general and vehicle liability claims, workers' compensation claims, and property losses.

The Chief Executive Office (CEO) developed the *Departmental Self-Assessment Tool for Loss Control and Prevention* (see attached) to assist departments in assessing compliance with California Division of Occupational Safety and Health (known as Cal/OSHA) required programs and best practices in areas identified as cost drivers common to a majority of departments, or fundamental to a sound safety program. The subjects include injury and illness prevention, powered industrial trucks (forklifts), heat illness prevention, hazard communication, ergonomics, and vehicle loss control.

Additional programs and best practices will be added to the list in the future to ensure the Self-Assessment Tool is as comprehensive and useful as possible.

To further support the Board's emphasis on risk management, each department shall submit a completed *Departmental Self-Assessment Tool for Loss Control and Prevention* to the CEO Risk Management Branch (RMB), by June 15, 2010. RMB will provide the electronic version of the document to each department's Risk Management Coordinator and post a copy on the RMB Intranet site at <http://riskmanagement.mylacounty.info/>. Departments are welcome to visit this site for model programs, safety bulletins, and other useful resource materials.

"To Enrich Lives Through Effective And Caring Service"

**Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only**

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The completed *Departmental Self-Assessment Tool for Loss Control and Prevention* should be sent to:

Steven E. NyBlom, Manager, CEO
Chief Executive Office
Risk Management Branch
3333 Wilshire Boulevard, Suite 820
Los Angeles, CA 90010

Phone: (213) 351-5346
Fax: (213) 252-0405
Email: snyblom@ceo.lacounty.gov

For assistance in completing the *Departmental Self-Assessment Tool for Loss Control and Prevention*, please contact Steven E. NyBlom.

If you have any questions, please have your staff contact Ellen Sandt at (213) 974-1186 or esandt@ceo.lacounty.gov.

WTF:ES
SEN:DI:RC:sg

Attachment



County of Los Angeles

Department: _____

Rater: _____

Date: _____

DEPARTMENTAL SELF-ASSESSMENT TOOL FOR LOSS CONTROL AND PREVENTION

Injury and Illness Prevention Program (IIPP) Title 8, California Code of Regulations, Section 3203 (T8 CCR §3203)		Yes	No	NA
1	Is a copy of the IIPP placed in a location accessible to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is the IIPP updated regularly and does it identify the person(s) with authority and responsibility for implementing the program? Date of last revision: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does the IIPP include a procedure for ensuring that employees comply with safe and healthful work practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Does the IIPP include a system for communicating safety and health information to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Does the IIPP include a procedure for identifying (worksite inspections), evaluating and correcting workplace hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are worksite inspections conducted for all department locations? At what frequency are the inspections conducted? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Does the IIPP include a procedure for investigating work-related injuries and illnesses? Are the investigations conducted? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Is training on the IIPP provided to department staff? If so, at what frequency is the training provided? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are training and recordkeeping requirements discussed in the program? Are these records maintained? If so, where: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powered Industrial Truck Safety Program T8 CCR §3649 through 3669		Yes	No	NA
10	Do your employees operate powered industrial trucks (forklifts or motorized pallet trucks)? If "No", proceed to next section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11*	Does your department have a written Industrial Truck Safety Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Are employees trained and certified to operate the specific types of industrial trucks they operate? If so, how many employees are trained? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Have certifications been completed within the last three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Are training records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Is there a system in place to identify employees who are authorized and trained to operate industrial trucks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Are pre-shift inspections completed for all industrial trucks that will be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Recommended practice, program, policy, or guideline.

DEPARTMENTAL SELF-ASSESSMENT TOOL FOR LOSS CONTROL AND PREVENTION				
	Powered Industrial Truck Safety Program (Continued)	Yes	No	NA
17*	Are pre-shift inspections documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Are the "Operating Rules for Industrial Trucks" posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Is the load capacity marked on each industrial truck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Is a designated area for fueling and storage of fuels established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Are procedures established for charging electric industrial trucks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Is an emergency eyewash and shower installed and accessible (required for electric industrial trucks which do not have maintenance-free batteries)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heat Illness Prevention Program T8 CCR §3395	Yes	No	NA
23	Do employees work in outdoor settings? This should not include time spent in a vehicle. If "No", proceed to the next section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Has a written Heat Illness Prevention Program been developed and implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does the program establish requirements for the provision of potable water and shade sufficient for the affected number of employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Are employees trained in accordance with the requirements of the regulation? At what frequency is the training provided? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Do supervisors receive additional training on how to implement the program and procedures to follow during emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hazard Communication Program (HazCom) T8 CCR §5194	Yes	No	NA
28	Does your department have a written Hazard Communication Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Has an inventory of hazardous materials been developed for each facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Is a Material Safety Data Sheet (MSDS) available for each material on the hazardous materials inventory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Are MSDSs accessible to all employees? Where are they maintained? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Are MSDSs updated regularly? Date of last update: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Are MSDSs for discontinued (no longer used) products maintained for at least 30 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Are MSDSs organized in a manner that allows easy access to a specific MSDS during an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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DEPARTMENTAL SELF-ASSESSMENT TOOL FOR LOSS CONTROL AND PREVENTION				
	Hazard Communication Program (HazCom) [Continued]	Yes	No	NA
35	Are hazardous substances stored in labeled containers (manufacturer or other internal label)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Are employees trained in accordance with the requirements of the regulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ergonomics Program (Repetitive Motion Injuries) T8 CCR §5110	Yes	No	NA
37	Does your department have a written Ergonomics Program (required if two employees sustain similar ergonomic injuries within a 12-month period)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Are evaluations performed for employee workstations? If yes, at what frequency are the evaluations performed and by whom? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Has a procedure been established for employees to follow when requesting an evaluation of their workstation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Is ergonomic equipment provided to employees? Are employees trained in its use and operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41*	Does your department have a list of approved ergonomics products available for supervisors and managers to choose from?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Are employees trained in accordance with the requirements of the regulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vehicle Loss Control Program	Yes	No	NA
43	Does the department own or lease motor vehicles, use Mileage Permittees, occasional drivers or volunteers who drive pool or personal vehicles on County business, or require employees to possess a commercial driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44*	Does the department have a written Fleet Safety Program or Vehicle Loss Control Program to guide it in managing drivers and vehicles used for County business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45*	Are there policies describing the safe practices, restrictions, and prohibitions associated with driving a vehicle for the County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46*	Does the department have driving record standards covering the selection and screening of applicants, new hires, and current employees who drive on the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Is the department enrolled in the State DMV Government Employer Pull Notice (EPN) Program to monitor the motor vehicle records of commercial drivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48*	Are Class C drivers also enrolled in the EPN on a voluntary basis (requires completion of form INF 1101 – Authorization for Release of Driver Record Information for each driver)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Are commercial license holders receiving the mandatory medical examinations required by law? <input type="checkbox"/> County contracted clinic <input type="checkbox"/> Other facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50*	Are there initial and refresher driver training programs available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51*	Does the driver training include classroom instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52*	Does the driver training include behind-the-wheel training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Recommended practice, program, policy, or guideline.

DEPARTMENTAL SELF-ASSESSMENT TOOL FOR LOSS CONTROL AND PREVENTION				
	Vehicle Loss Control Program (Continued)	Yes	No	NA
53*	Are there policies and procedures covering the selection, periodic inspection, and routine preventive maintenance of County-owned vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54*	Are there guidelines covering the proper maintenance of personal vehicles used in County business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55*	For County-owned vehicles, is there a program to record garaging locations and restrictions, log vehicle mileage, and track trips outside the County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Are commercial drivers enrolled in the County drug and alcohol testing program, administered through the CEO, as required by the Department of Transportation? Testing is conducted randomly, post-accident, and on entry into the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57*	Does the department have procedures for investigating the causal factors of vehicle accidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58*	Does the department have a Vehicle Accident Review Committee to review accident investigations and determine preventability, corrective actions, and disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59*	Is there a "How Am I Driving?" bumper sticker program in the department or driver performance monitoring devices to promote and enhance employee awareness of the need for safe driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Are all costs incurred by the department for Mileage Permittee damage recorded to Cost of Accounts Object Code 5987?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61*	Does the department have access to loss control data on the Countywide Risk Management Information System (RMIS) and the workers' compensation system (GenIRIS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Recommended practice, program, policy, or guideline.

Model safety and health programs, policies, procedures, guidelines, safety bulletins, and training information are available for download on the Chief Executive Office Risk Management Branch Intranet site: http://riskmanagement.mylacounty.info/lcp_resource.asp.

Details on Cal/OSHA regulations and best practices can be found by visiting Cal/OSHA's website: www.dir.ca.gov/dosh.

******* Details and Comments on next page *******

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All conditions which result in a “No” answer, or for any reason need further clarification or comment, shall be documented in the following table.

DETAILS AND COMMENTS	
Page ____ of ____	
Number	<i>Documentation shall be detailed so as to be self-explanatory to anyone evaluating the report. Attach additional sheets as necessary.</i>

Chief Executive Office

Risk Management Branch

<http://riskmanagement.mylacounty.info>

**Consultative assistance is available from the CEO Loss Control and Prevention staff
(213) 637-1856**